

All City Athletic Conference

Fall 2006 VOLLEYBALL

Sponsored by Tempe Parks & Recreation & TD#3 School District

****Guardians signature required!****



-Registration Deadline September 15th –ACAC DROP-BOXES will be available in school office August 7th-

All City Athletic Conference VOLLEYBALL Registration

****PLEASE PRINT CLEARLY****

STUDENT NAME: _____ MALE OR FEMALE (circle)

SCHOOL: _____ GRADE: 6th 7th 8th

Home Address: _____ APT # _____ City _____ Zip _____

Home Phone number: _____

Parent's Name: _____ Day Phone Number: _____

***Emergency Contact Name _____

what is the relationship _____ (i.e. grandparent, neighbor, guardian)

Emergency Contact Phone Number _____

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____ (Students Name)

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

REQUIRED: Parent or Legal Guardian SIGNATURE AND Printed Name

DATE

